

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. <u>2</u>						
TOTAL DEP. <u>22</u>						
TOTAL CLAIMS <u>24</u>						

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						